



Sandy Parks & Recreation

2012 Fall Soccer

Player/Parent Registration Form

Please be accurate and completely fill out this form. Failure to do so may cause serious inconvenience or injury.

Office Use Only:
 Receipt # _____
 Amount Paid _____
 Date Paid _____
 Received by _____
 Late Fee _____ Family Discount _____

Player's Name: _____ ' Male ' Female

Address: _____ (First name) _____ (Last name) _____ (Middle Initial) _____, Utah, Zip: _____

Elementary school area: _____ School attending: _____

Birthdate: _____ Age: _____ Grade: _____ Medical/Health Restrictions: _____

Father/Guardian: _____ Mother/Guardian: _____

Phone (Day): _____ (Evening): _____ (Cell): _____
 Please check ONE box for preferred phone number

Parent's E-mail Address: _____ Player's years of organized soccer: _____

Additional person to contact in case of emergency: _____

Relationship to Player: _____ Emergency contact's phone #s: (H): _____ (C): _____

How did you find out about this program: _____ website - school - mailing - brochure - email - Sandy Journal - friend - coach: _____

Please circle or specify other

Find your correct age group/gender then put in your preference for day of week/game location.

PROGRAM COST

May 21-July 5

PreK - 2nd Grade \$42.00
 3rd/4th Grade \$46.00
 5th - 9th Grade \$50.00

July 6-12

PreK - 2nd Grade \$47.00
 3rd/4th Grade \$51.00
 5th - 9th Grade \$55.00

\$5.00 late fee after July 12th

- Standard shirt sizing will be ordered for each age
- Refunds - \$15.00 is non-refundable
- No refund after 1st Game

Players wishing to play together must register together, otherwise requests will be considered but not guaranteed! Player would like to be on the same team as:

BOYS FALL SOCCER

Pre-Kindergarten (Boys)

Wednesday Lone Peak _____
 Saturday Eastridge _____
 Saturday Flat Iron _____

Kindergarten (Boys)

Thursday Lone Peak _____
 Saturday Eastridge _____
 Saturday Flat Iron _____

1st Grade (Boys)

Thursday Lone Peak _____
 Saturday Eastridge _____
 Saturday Flat Iron _____

2nd Grade (Boys)

Wednesday Lone Peak _____
 Saturday Eastridge _____
 Saturday Flat Iron _____

3rd & 4th Grade (Boys)

Tuesday Lone Peak _____

3rd Grade (Boys)

Saturday Lone Peak _____

4th Grade (Boys)

Saturday Lone Peak _____

5th & 6th Grade (Boys)

Saturday Falcon _____

7th - 9th Grade (Boys)

Saturday Falcon _____

GIRLS FALL SOCCER

Pre-Kindergarten (Girls)

Monday Lone Peak _____
 Saturday Lone Peak _____
 Saturday Flat Iron _____

Kindergarten (Girls)

Tuesday Lone Peak _____
 Saturday Lone Peak _____
 Saturday Flat Iron _____

1st Grade (Girls)

Monday Lone Peak _____
 Saturday Lone Peak _____
 Saturday Flat Iron _____

2nd Grade (Girls)

Tuesday Lone Peak _____
 Saturday Lone Peak _____
 Saturday Flat Iron _____

3rd & 4th Grade (Girls)

Monday Lone Peak _____

3rd Grade (Girls)

Saturday Lone Peak _____

4th Grade (Girls)

Saturday Lone Peak _____

5th & 6th Grade (Girls)

Wednesday Lone Peak _____

Saturday Crescent _____

Saturday Falcon _____

7th - 9th Grade (Girls)

Saturday Flat Iron _____

(Game Day and Location may change pending registration numbers.

Make a successful program by volunteering for: (please write your name in)

I will be a Coach: _____ Assistant Coach: _____ Team Parent: _____

Email address (Coach and Assistant Coach only) _____

~Please sign consent form on reverse side~

SANDY CITY SOCCER PROGRAM INFORMED CONSENT AND AUTHORIZATION

The undersigned, as the parent or guardian of _____, agrees to allow my child to participate in the program/activity described below.

Program / Activity Description

The Sandy City Fall Soccer Program runs approximately from August 25 through November 3, 2012 and utilizes Sandy City fields. Games are played on some weeknights and Saturdays. Participation in the Soccer program carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks may include (1) minor injuries such as a sunburn, windburn, scratches, bruises, blisters, and sprains; (2) major injuries, such as eye injury or loss of sight, joint or back injuries, concussions, and broken bones (3) catastrophic injuries as well as paralysis and death. Transportation to and from practices and games is the responsibility of the parent or guardian.

I recognize that the program/activity described above may cause my child to experience some degree of physical and/or mental stress. I state that to the best of my knowledge my child is free from any known heart, lung, or other serious health problems that could prevent him or her from safely participating in the program/activity. I further state that he or she is sufficiently physically fit to safely participate in the program/activity.

____ Please initial here

Emergency Medical Care Authorization

In the event my minor child is injured while participating in the program/activity described above, I hereby give my consent that first aid may be provided by Sandy City, its agents and/or employees and that subsequent medical treatment may be administered if, in the opinion of the attending E.M.T./ paramedic/physician, such treatment is necessary.

Name of Child _____ Age: _____

Health Insurance Carrier: _____
(This document will not be processed and your child will not be allowed to participate in the program/activity described above unless all of the requested insurance information is supplied.)

Medical Restrictions on Player's Participation: _____

____ Please initial here

Media Release

I give permission for activity videos and photographs to be taken of the program participant for use in public media as well as official Sandy City publicity, such as Sandy City Internet web site, publications, displays and presentations.

____ Please initial here

Concussion & Head Injury Policy Acknowledgement

I have read the Concussion and Head Injury Policy. I have been informed on how to recognize the signs and symptoms, and agree to abide by the policy. I understand if my child is suspected of having a concussion, he/she will be removed from the sporting event and will not be permitted to continue participating in any upcoming sporting events until a qualified Health Care Professional has determined it to be safe. I will provide Sandy City with a written statement by a qualified Health Care Professional acknowledging my child is cleared to resume participation. Within this statement the provider must acknowledge he/she has successfully completed a continuing education course in the evaluation and management of a concussion within three years before the day on which the written statement was made.

____ Please initial here

I have carefully read and understand the contents of this document and I specifically intend to cover my child's insurance needs for the above-referenced program/activity. I have read and agree to the above 3 sections. Please initial each line above.

Name of Parent
or Legal Guardian: _____ Signature: _____
(Please print)

Please fill out the registration form on reverse side